

CONNECTICUT STATE DEPARTMENT OF EDUCATION
BUREAU OF HEALTH AND NUTRITION SERVICES AND
CHILD/FAMILY/SCHOOL PARTNERSHIPS
25 INDUSTRIAL PARK ROAD
MIDDLETOWN, CONNECTICUT 06457-1520

TO: Child and Adult Care Food Program (CACFP) Sponsors

FROM: Maureen B. Staggenborg, Director
Child Nutrition Programs

DATE: May 13, 2005

SUBJECT: Operational Memorandum #13A-05
CACFP Annual Training Session – Adult Centers

Enclosed is the announcement for the Child and Adult Care Food Program (CACFP) Annual Training Session for adult day care centers. The session will be held on Tuesday, June 21, 2005 from 12:30 p.m. until 3:00 p.m. at the Connecticut Association of Adult Day Centers building in Berlin, CT. The training will be conducted in the afternoon of the Adult Day Centers Association monthly meeting. As you are aware, attendance is mandatory.

The training this year will focus on Program updates in CACFP, including a summary of the Child Nutrition and WIC Reauthorization Act of 2004, and the CACFP Second Interim Rule. Issues that have emerged from findings observed during CACFP administrative reviews will also be discussed.

Sharing of ideas and best practices is encouraged. Time is included to facilitate this discussion. If there are specific issues that you would like addressed, please indicate them on the registration form. Registration forms must be mailed or faxed to the Child Nutrition Unit no later than June 13, 2005.

Please contact Susan Boyle at 860-807-2074, Benedict Onye at 860-807-2080 or Celia Cordero at (860) 807-2076 if you have any questions.

MBS:shb

CONNECTICUT STATE DEPARTMENT OF EDUCATION

CHILD AND ADULT CARE FOOD PROGRAM
Adult Centers Annual Training 2005 Registration

Date: Tuesday, June 21, 2005

Time: 12:30 p.m. - 3:00 p.m.
(following the ADC Association monthly meeting)

Place: Connecticut Association of Adult Day Centers, Inc.
1340 Worthington Ridge
Berlin, CT 06037

Complete and return this form by Monday, June 13, 2005.

Please use one form per registrant; make copies as needed.

Sponsor/Organization Name

Name

Position/Title

Phone *(including area code)*

Fax *(including area code)*

Email Address PLEASE PRINT CLEARLY

Suggested questions/topics you would like to have addressed: _____

Mail or fax registration form to:
Susan Boyle
State Department of Education
Bureau of Health and Nutrition Services
and Child/Family/School Partnerships
25 Industrial Park Road
Middletown, CT 06457

Fax: (860) 807-2127

